



Iowa Department of Human Services

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INFORMATIONAL LETTER NO. 1025

DATE: July 29, 2011

TO: Iowa Medicaid Hospitals (Excluding Indian Health Service Providers)

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Emergency Room (ER) Visits: Copayment and Reimbursement Changes

EFFECTIVE: September 1, 2011

Copayment in the ER - Effective September 1, 2011, Medicaid members (Including those on IowaCare) must pay a \$3 copayment for each visit to a hospital ER for treatment of a non-emergent** medical condition. The \$3 copayment does not apply if the visit to the ER is for an emergent condition and/or results in a hospital admission. The exclusions applicable to all copayments still apply. The most common examples are: members under age 21; members who are pregnant; members presenting with an emergent condition; or members receiving family planning services. See 441 Iowa Administrative Code 79.1(13).

Changes to reimbursement of non-emergent ER services** – Also effective September 1, 2011, if the ER visit does not result in an inpatient hospital admission and does not involve any emergent** condition, the payment depends on the referral (if any) and whether or not the member is participating in either the MediPASS or Lock-in program (note: these changes do not apply to members on IowaCare):

1. **Payment is made at 75 percent of the usual APC amount:**
 - a. For members not participating in the MediPASS or Lock-in program who were referred to the ER by appropriate medical personnel (UB04 form locator 76++) or
 - b. For members participating in the MediPASS or Lock-in program referred to the ER by their MediPASS or Lock-in primary care physician (UB04 form locator 79++).
2. **Payment is made at 50 percent of the usual APC amount** for members not participating in the MediPASS or Lock-in program who were not referred to the ER by appropriate medical personnel.
3. **No payment will be made** for members participating in the MediPASS or Lock-in program who were not referred to the ER by their MediPASS or Lock-in primary care physician.

The copayment amount (when applicable) will be deducted after the payment reductions have been applied.

No change to reimbursement of ER services - If the ER visit results in an inpatient hospital admission, the visit continues to be paid as part of the inpatient claim. If the ER visit does not result in an inpatient hospital admission but involved an emergent** condition, the ER claim is still paid at the full APC. Triage/assessment codes for any Medicaid member in an ER also continue to reimburse at the full (100%) fee schedule amount in all cases.

****A list of the diagnosis codes considered emergent** is posted on the IME website and updated frequently (<http://www.ime.state.ia.us/docs/EmergencyDiagnosisCodes.pdf>).

++Claim form instructions are posted on the IME website at:
http://www.ime.state.ia.us/docs/UB04_BillingInstructions.pdf.

If you have any questions, please contact the IME Provider Services Unit, 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.